

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101554634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			2				
4			1				
5			1				
6			1				
7			1				
8			2				
9			1				
10			1				
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49							
50							
TOTAL IND.		↓	1	↓		↓	
TOTAL DEP.	←		1	←		←	
TOTAL CLAIMS			12				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96							
97							
98							
99							
100							
TOTAL IND.		↓			↓		
TOTAL DEP.	←			←		←	
TOTAL CLAIMS							